

POSITION	INITIALS	ID NO.	DATE
	CF		10-11-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AS	690	11-07-01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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11/07

If more than 150 claims or 10 actions  
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